

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

7 ✓

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 2:06cr271-WKW
DEFENDANT COREY HARVEY	TYPE OF PROCESS FINAL ORDER OF FORFEITURE
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ONE SAVAGE ARMS, 12 GAUGE STEVENS MODEL 94, SHOTGUN, BEARING SERIAL NUMBER P687773
	.ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) c/o UNITED STATES MARSHALS SERVICE,

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	RETURNED AND FILED	Number of process to be served with this Form - 285 1
Tommie Brown Hardwick Assistant United States Attorney United States Attorney's Office Post Office Box 197 Montgomery, Alabama 36101-0197	AUG 22	Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

**CLERK
U. S. DISTRICT COURT
MIDDLE DIST. OF ALA.**

Asset Identification No. 07-DEA-478331

Signature of Attorney or other Originator requesting service on behalf of: <i>Tommie Brown Hardwick</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 07/17/08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>2</u>	District to Serve No. <u>2</u>	Signature of Authorized USMS Deputy or Clerk <i>K. Chaves</i>	Date <u>7/18/08</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service <u>8/20/08</u>	Time am <u>2:45</u> pm <u> </u>
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Signature of U.S. Marshal or Deputy <i>Karen A. Shook</i>		
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Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <u>45.00</u>	Advance Deposits	Amount Owed to US Marshal or	Amount or Refund
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REMARKS: